Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2 15-3.

Date:	<u>01-25-07</u>	Address:	Farniersburg Water Plant	
Case #:	<u>32-27312</u>		Sawmill Road	
County:	Sullivan		Farmershurg, IN	
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)		
Chemic	onal Lab al/Glasswarc/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all the Lithium ☐ Red Photo ☐ Flamma ☐ Water F ☐ Anhydr ☐ Hydroc ☐ Corrosi ☐ Corrosi	nd: Location (bedroom, kitchen, open ain at apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Reactive Metal (Lithium): ous Ammonia: Behind building hloric Acid Gas Generator(s): ve Acid: ve Base: term and location):	r, etc)		
☐ Yes ☑ No *If yes, fax re This repor	or age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following agen	☐ Ephedrine ☐ Retail/Me ☐ Other: <u>disa</u>	Investigative Information Description: Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:discovery sthat serve the location:	
Fire Department: <u>Farmersburg VFD</u> Health Department: <u>Sullivan County</u> Child Protection Service:		Fax: <u>N/A</u> Fax: <u>812-24</u> Fax:	<u>58-0224</u>	
	information regarding this methamphe g Officer: J.D. Goldner / 5228 Phor		nitact	

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.